

**SURVEY OF ALL EMERGENCY AND PROBATIONARY CERTIFIED  
TEACHERS OF SPECIAL EDUCATION  
2004-2005  
ONE PER TEACHER**

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(District)

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(Director of Special Education)

(Date)

**Emergency and probationary certified teachers must complete training requirements during the 2004-2005 school year pursuant to 16 KAR 2:160 and 16 KAR 2:120. In addition, all emergency and probationary certified teachers must complete six (6) semester hours of university coursework by September 1 of the year of certificate expiration.**

Training Requirements:

- a) Twelve (12) clock hours of training;
- b) Six (6) hours of conference training; and
- c) One day of flexible in-service.

**PART I- PLEASE CHECK ONE**

- 1. \_\_\_\_\_ This teacher is emergency certified, and needs training (a), (b) and (c).
- 2. \_\_\_\_\_ This teacher is a first year probationary certified teacher and needs training (a) and (b).
- 3. \_\_\_\_\_ This teacher is probationary certified, however, is not a first year probationary teacher.

**PART II**

- 1. Teacher's Name: \_\_\_\_\_
- 2. Teacher's Social Security Number: \_\_\_\_\_
- 3. Teacher's School Address and School Phone Number for the 2004-2005 school year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Phone Number: (    ) \_\_\_\_\_

5. Name of 2004-2005 School Assignment(s): \_\_\_\_\_

6. Disabilities of students served: (Check each area served)

- ☐ VI- Visual Impairment Disability
- ☐ HI- Hearing Impairment Disability
- ☐ OI- Orthopedic Impairment or Physically Disabled
- ☐ TBI- Traumatic Brain Injury Disability
- ☐ LD-Specific Learning Disability
- ☐ EBD- Emotional –Behavioral Disability
- ☐ MMD- Mild Mental Disability (formerly EMH)
- ☐ FMD- Functional Mental Disability (formerly TMH and SPH)
- ☐ OHI- Other Health Impaired
- ☐ MULTI- Multiple Disability
- ☐ DD- Developmentally Delayed
- ☐ DB- Deaf-Blind Disability
- ☐ Autism

1. List three areas of critical need for training:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**IF YOU HAVE QUESTIONS REGARDING THIS FORM OR OTHER  
QUESTIONS CONCERNING CERTIFICATION OR TRAINING  
REQUIRMENTS, PLEASE CONTACT RENEE SCOTT AT (502) 564-4970.**

**RETURN THIS TRAINING SURVEY TO YOUR SPECIAL EDUCATION  
COOPERATIVE DIRECTOR NO LATER THAN SEPTEMBER 30, 2004.**